

OUTSTANDING TRANSITION SERVICES

This award is given to an individual or organization (public or private) in recognition of extraordinary contributions to providing and developing a transition program to assist students with disabilities as they transition from school to the adult system. The individual or organization should have contributions spanning 5 or more years.

NOMINEE'S NAME: _____
(Individual or Organization)

NOMINEE'S ADDRESS: _____
Address City Zip

NOMINEE'S PHONE: _____ EMAIL: _____

NOMINATION SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF TRANSITION STUDENTS IMPACTED ANNUALLY: _____

1. Please provide a brief biographical summary of the nominee.

(Continue on back)

2. Describe the individual's or organization's activities that have developed or provided transition services for students with disabilities as they transition from the secondary school to their career and/or adult services. This should include the number of transition students impacted, number of years, and/or any available outcomes.
3. Describe a specific example of the nominee's contribution that led to a positive transition experience.
4. Why do you feel this nominee is deserving of this award?
5. Please include 2 letters of support or letters of recommendation. Letters must be from persons other than the nominator.

(Nomination may include additional items (i.e., newspaper clippings, magazine articles) not to exceed a total of 7 pages; all copies or reproductions of articles must be on 8 1/2 X 11" paper.